

**NOTICE OF ELIGIBILITY FOR OTHER
GROUP INSURANCE COVERAGE OR MEDICARE FORM**

YOUR PERSONAL INFORMATION:

Your Plan's Name and Mailing Address:	
Your Name and Mailing Address:	Telephone Number:
	E-mail Address (optional):

**COBRA or STATE CONTINUATION PREMIUM ASSISTANCE
INELIGIBILITY INFORMATION (Check all that apply)**

I am eligible for coverage under another group plan Insert date you became eligible _____	<input type="checkbox"/>
My dependent became eligible for another group health plan. Please indicate names of dependent(s) below: _____ _____	<input type="checkbox"/>
Insert date(s) he or she or they become eligible _____	
I am eligible for Medicare Insert date you became eligible _____	<input type="checkbox"/>
My dependent became eligible for Medicare. Please indicate names of dependent(s) below: _____ _____	<input type="checkbox"/>
Insert date(s) he or she or they become eligible _____	

IMPORTANT

If you fail to notify your group health plan of becoming eligible for another group health plan or Medicare and you continue to receive the COBRA or state continuation Premium Assistance, you could be subject to a fine of \$250, except where your failure was due to reasonable cause and not willful neglect. The penalty may be increased where your failure to provide notice was fraudulent. In that case, the penalty is the greater of \$250 or 110% of the premium assistance provided to you after your eligibility ended due to the other coverage.

Eligibility for other coverage is determined regardless of whether you take or decline the other coverage.

However, eligibility for coverage does not include any time spent in a waiting period.

To the best of my knowledge and belief all of the answers I have provided on this Form are true and correct.

Signature: _____ Date _____

Individual completing this Application is *[Specify]*: Former employee, Spouse of Former Employee or Dependent of Former Employee.

Employer or Plan Administrator's Acknowledgement:

I received this application on _____ (date)

Signature: _____